

Garnick & Scudder, P.C.

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LOIS M. FARMER
PAUL J. ATTEA

May 19, 2004

Cingular Wireless

Attn: Lease Administration

6100 Atlantic Boulevard

Mail Code: GANO2

Norcross, GA 30071

Certified Mail Return Receipt Requested 7003 1680 0004 5455 5043 & First Class Mail

Cingular Wireless

Attn: Legal/Real Estate

5565 Glenn Ridge Connector, #1700

Atlanta, GA 30342

Certified Mail Return Receipt Requested 7003 1680 0004 5455 5050 & First Class Mail ✓

Re: Cingular Wireless Site - West Falmouth/Thomas Landers Road
Lease Dated: 3/8/96 (the "Agreement")
Our File No. 17059

Dear Ms. Sharon Onorato, Director of Network Operations and Attn: Legal Department:

Please be advised that I am writing this letter on behalf of Christopher P. Kuhn of Centerville, Massachusetts.

As of the date of this letter, May 17, 2004, Mr. Kuhn has not received any of the lease payments from Cingular or from the sub lessees (or sub licensees) for the months of APRIL, 2004 and MAY 2004. Pursuant to the terms of the Lease Agreement, as captioned above, we will take all appropriate action if within fifteen days of receipt of this notice the non-payment of the lease payments continues.

Pursuant to the terms of the Lease Agreement, you are obligated to make payments for the months of APRIL 2004 and MAY 2004 forthwith upon your receipt of this notification.

GARNICK & SCUDDER, P.C.

Gerald S. Garnick, Attorney for Christopher P. Kuhn
GSG:pr

cc: Christopher P. Kuhn

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Angular Wireless
 Attn: Legal/Real Estate
 5565 Glenridge Connector,
 Atlanta, GA 30342 #1700

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>[Signature]</i>		<input type="checkbox"/> Agent- <input type="checkbox"/> Addressee
B. Received by (Printed Name): O. [Signature]	C. Date of Delivery 5/24/04	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

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